



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

255 Rockville Pike, 2nd Floor

Rockville, Maryland 20850-2368

240-777-3986 Fax 240-777-3088

Website: [www.montgomerycountymd.gov/mc/services/hhs/license](http://www.montgomerycountymd.gov/mc/services/hhs/license)

## TANNING FACILITY LICENSE APPLICATION

Application is hereby made for a license to operate a Tanning Facility in Montgomery County, Maryland

New ☐ Renewal ☐ (Please Print) TODAY'S DATE \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*include area code*

Address of Facility: \_\_\_\_\_  
*Street Number and Street Name*

\_\_\_\_\_  
*City State Zip Code*

Owner or Corporation Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*include area code*

Fax Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Include area code*

Owner or Corporation Address: \_\_\_\_\_  
*Street Number and Street Name*

\_\_\_\_\_  
*City State Zip Code*

Hours and Days Open for Business: \_\_\_\_\_

Equipment Manufacturers Name, Type, and Year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### New Facilities or Change of Location for Existing Facilities:

1. Anticipated date of opening or change of location: \_\_\_\_\_.
2. Person to contact to arrange for an inspection: \_\_\_\_\_  
*Name Daytime phone number w/area code*
3. Attach a copy of the Use and Occupancy permit to this application. To obtain a Use and Occupancy permit, call 240-777-6240.
4. Attach a copy of the Fire inspection approval. Call 240-777-2457 to schedule a fire inspection with the Fire Prevention Bureau/Fire Marshals Office.

Fee Information: *Please refer to Tanning Fact Sheet*

### Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to **"Montgomery County, Maryland"** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***

### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Record Number: \_\_\_\_\_